



Harford County Health Department
120 S. Hays Street
P.O. Box 797
Bel Air, Maryland 21014-0797

**CERTIFICATES ARE ISSUED BETWEEN THE HOURS OF 8 A.M. AND 12 P.M.
MONDAY THROUGH FRIDAY**

APPLICATION FOR COPY OF ABSTRACT OF BIRTH CERTIFICATE
WE DO NOT ACCEPT MAIL-IN APPLICATIONS

Certified Birth Certificate Fee
(non-refundable)
\$20.00 Cash or Credit Card

PLEASE PRINT

Request Date mo.____/date____/year____

Full Name at Birth _____
First Middle Last

Date of Birth: mo _____ date _____ year _____ Sex _____

Age at Last Birthday _____ Certificate number (if known) _____

Place of Birth: **STATE OF MARYLAND ONLY** City _____ County _____

Full Name of Father _____

Full **Maiden** Name of Mother _____

Your Relationship to Person on the Certificate _____
(i.e., self, parent or legal guardian)

IMPORTANT:

PLEASE INDICATE IN THE BOX BELOW NUMBER OF CERTIFIED COPIES REQUESTED.

[]

Applicant's Name (Print) _____

Applicant's Signature _____

Mailing Address _____

City and State _____

Zip Code _____ **Telephone No.** _____

Any person who willfully uses or attempts to use the requested certificate(s) for fraudulent or deceptive purposes is guilty of a misdemeanor and, on conviction is subject to a fine not exceeding \$500.00 in accordance with Maryland Health General Article, Annotated Code, Section 4-221.